

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

10/650796
APPLICANT(S)

FILING DATE

CLAIMS

AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		3rd AMENDMENT		4th AMENDMENT		5th AMENDMENT	
IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.	IND.	DEF.
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											
11											
12											
13											
14											
15											
16											
17											
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29											
30											
31											
32											
33											
34											
35											
36											
37											
38											
39											
40											
41											
42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.	6										
TOTAL DEF.	7										
TOTAL CLAIMS											